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IMPLEMENTING COMPREHENSIVE SEXUALITY EDUCATION FOR THE NIGERIAN ADOLESCENTS BEYOND THE'ABC APPROACH'

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ABSTRACT

Nigerian adolescents like their peers elsewhere require information, education and communication on sexuality, body changes, gender and psychosocial development. They are usually left in the dark as talking about sex is considered 'taboo' by many parents. Teachers also are often uncomfortable addressing these issues. Thus adolescents depend on information got from their peers who may know no better. In view of challenges of HIV/AIDS, unwanted pregnancy, unsafe abortion, Sexually Transmitted Infections (STIS) facing Nigerian adolescents there is need for greater political will in implementing a nation-wide program of Comprehensive Sexuality Education (CSE) which transcends the 'ABC' that promotes 'Abstinence', 'Be faithful (to partner)' and 'Condoms use' approach.

AIM: - The purpose of this paper is to review the Nigerian sex education program and national policies guiding adolescent sexuality in view of current evidence. It explores the need for comprehensive sexuality education for Nigerian adolescents beyond the ABC approach and identifies possible implementation gaps. Finally recommendations are made on the way forward.

SEARCH STRATEGY: - An internet search was conducted for publications, policy documents and grey literature using Google and SCOPUS search engines. The database of PUBMED, Cochrane and Reproductive Health were searched. Information was retrieved from the websites of international agencies and non-governmental organizations like WHO, UNFPA, FMOH, NACA, Alan Guttmacher, SFH, FHI, AHI. Additional information was got from hand-searching some journals.

KEYWORDS: Sex, sexuality, education, comprehensive, policy, guidelines, Nigeria, Reproductive health, adolescents, Family life education (FLE), ABC approach, abstinence, curriculum, Youths, Teenagers, Abortion, AIDS.

INTRODUCTION

A nation is only as great as its youths; they are its future and pride. They represent potentials for economic growth and national development. Nigeria is fortunate to have a third of its population (about 43 million) aged 10-24 years.[1] However, they are to be physically, psychologically, socially healthy in order be assets and not liabilities. Adolescence a unique period of transition, growth and development occur between 10-19 years; ages 10-24 years are considered 'young people'[2]. It is marked by rapid physical growth superseding mental and psychological maturity and by hormonal surges which causes emotional swings and awareness of sexual desires[3]. It is a period of self-discovery, self-assertiveness and questioning of parental and societal values[4]. Adolescence is thus associated with experimentation with sex, drugs and other risky behaviors.

Globally adolescents face challenges regarding sexuality; they therefore require scientific information, guidance, understanding and support to attain their potentials. They should understand their bodily changes, develop sexual identity, gender expectations and develop life skills including communication and negotiation skills. Failure to address these needs results in public health problems like unwanted pregnancy and sexually transmitted infections including HIV/AIDS[5]. About half of adolescent population is sexually active but very few use contraceptives either due to ignorance or just ambivalence. In USA[6] about 50% of 15-19 year-olds have had sex by

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19years, 38% of British girls have had sex by 16 years American young women are twice likely to have an unwanted pregnancy often requiring abortions. Their proneness to sexually transmitted infections (STIs) including HIV/AIDS is due to unstable relationships, multiple sex partners and poor perception of risk[7].

THE NIGERIAN ADOLESCENT

The Nigerian adolescent faces many challenges often unprepared for. They are seen as children and divulging information to them about sex is taboo. They are expected to be 'seen and not heard'. They are not expected to express opinions especially if at variance with their parents or other adults[3]. This may cause confusion, rebellion and conflict as globalization, media, and internet expose them to other cultures' permissive values incompatible with theirs. Therefore negative consequences of sexual experimentation may occur. There is early initiation of sex which is often coercive or regretted; unprotected or high risk causing unwanted pregnancies and sexually transmitted diseases including HIV/ AIDS. Sex may be transactional[8].The average age of initiating sex is 16 years and 75% of youths are sexually active by 20 years of age[1].

Adolescent sexuality varies with tribe and region in Nigeria. Early sex occurs outside marriage in the south, but mostly within early marriage in Northern Nigeria where girls are married off usually to older men soon after their first menses[1]. Adolescent pregnancies often results in complications like obstructed labor, obstetric fistulae or deaths. The unmarried adolescent in the south usually resort to unsafe abortion leading to complications or maternal mortality. They subsequently drop out of school and commence a cycle of poverty. About one in twenty Nigerian adolescent get STI annually, they present late or receive substandard treatment. Sixty percent of all new HIV cases occurred among 12-24 year olds[1]. These problems overburden the health system, increase health spending and cause poor National development. They can be averted through Comprehensive Sex Education (CSE) and access to Adolescent Friendly Reproductive Health Service (AFRH).

CURRENT APPROACH TO SEX EDUCATION (SE)

Providing Comprehensive sex education is not only a public health priority but a moral and human right issue[9]. Adults are responsible for providing necessities for adolescents' development into healthy adults. The adolescents' freedom and right to self-determination, self-expression, access to information and health services is enshrined in various international agreements and conventions signed by the Nigerian government.

Adolescents whether in-school or out-of-school should have sex education. In societies restricting sex and SE, promoting sexual health is difficult but a large population of adolescents can be reached in public schools cost-effectively. CSE for out-of school adolescents is formidable though they are more vulnerable and at higher risk due to ignorance, poverty and lack of social support[10]. They need self esteem, assertiveness, communication and negotiation skills which are components of CSE and extend beyond the 'ABC'- **A**bstinence, being **F**aithful and **C**ondom use. This should extend outside the classroom into the community. There is evidence that SE delay sexual debut, promote sexual health without leading to increased frequency of sex or number of partners. It is associated with greater knowledge and use of contraceptives especially condoms[11,12]. It empowers adolescents to make informed choices about the timing and circumstance of first sex.

Globally, SE programs are based on different approaches. They are either 'abstinence-only' or abstinence-based like 'ABC', 'abstinence-plus' or 'Comprehensive Sex Education (CSE)'. Abstinence-only programs prohibit sex until marriage and are promoted by religious groups and traditional societies[13,14]. It is favored by the current conservative government of USA which funds it internationally. It is a 'risk elimination' program preventing both pregnancy and STIs. However, it is considered an ideology not feasible or effective for adolescents[15]. Many studies did not find abstinence-only programs effective in delaying sexual debut, reducing number of sex partners or promoting sexual health. Adolescents are not usually taught prevention of STIs, so are unlikely to use contraceptives when they subsequently initiate sex[6].

The 'ABC approach' promoted especially for prevention of HIV consists of 'A'-abstinence from sex for youths and the unmarried, 'B-be faithful to

your partner' (implies mutual fidelity and may mean' partner reduction'), 'C means correct and consistent use of condoms and is promoted for high risk groups[13]. It is partly responsible for the reduction in Teen unwanted pregnancies in the USA[6] and for the reduction in HIV prevalence in Kenya and in Uganda where it dropped from 15% to 5% over a ten year period[13,16]. It has been criticized for being simplistic and not feasible or effective. Some opponents say it should be the indicator of behavior change rather than a method for behavior change.

On the contrary, CSE (also called abstinence-plus or abstinence based) goes beyond the 'ABC' to address sexuality, gender inequality and empowerment issues of adolescents. It respects diversity of values and beliefs present in the community and should complement SE got from the home[17]. CSE is defined by SIECUS[18] (Sexuality Information and Council of United States) as 'lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality education addresses beyond biological, socio-cultural, psychological and spiritual dimensions of sexuality". It has six component themes. Adolescents are taught about their bodies, puberty, gender, safe sex, sexual diversity and sexual health. They are also taught assertiveness, life skills on communication and negotiation as well as linkage to adolescent reproductive health services[19]. CSE uses age-appropriate, culturally-sensitive curriculum and should commence prior to puberty. It is applicable to adolescents in schools or in the community.

The current sex education program in Nigeria is comprehensive using Family Life and HIV/AIDS Education (FLHE) curriculum. This approach was found to be effective in delaying initiation of sex, reducing risky sex behavior and increasing condom use. It has not caused increase in frequency of sex or promiscuity as was feared[7,10]. Out of 83 SE programs studied, half found reduced risk-taking, and positive impact on reduction of pregnancy and STIs rates. There was increased knowledge about HIV, STIs, reproductive health and increased motivation/intention to abstain from sex and reduce partners. These results were similar in both developed and developing countries[15].

SEX EDUCATION IN THE NIGERIAN CONTEXT

In traditional societies and among average Nigerians, talking about sex is a taboo. Adolescents are not expected to have sex especially the females who are expected to marry as virgins, hence promotion of early marriage in some communities. However, boys could experiment with sex as part of masculinity[3]. Globalization is changing this as youths exposed to mass media and internet are usually more knowledgeable about sex than their parents. There is therefore need for factual sex education utilizing youth friendly means like internet[20] which is proven to have positive impact on adolescent sexual health. CSE should begin at home and extend to school and the wider community. However there is evidence that parents and teachers are often too embarrassed to discuss these issues with their wards[21-23].

NIGERIAN POLICIES AND CSE

The Nigerian government is signatory to many international conventions and agreements which form the basis for National policies. Nigerian adolescents are protected by many policies which promote Reproductive Health (RH). These include the Nigerian RH policy of 2001, the Nigerian National Adolescent health policy and the National RH plan of 2002 all within the National Health policy9. The ICPD conference of 1994 was a stimulus for the development of RH policy. It made the issue of RH, gender and adolescent RH a priority. After the conference, the Federal Government of Nigeria (FGN) was galvanized to set these goals and objectives under the Nigerian National RH policy and strategy, 2001:

- To decrease unwanted pregnancy among adolescents by 50%
- Increase access to comprehensive RH information and services by 80%
- To increase access to appropriate RH information to all adolescents, both in-school and out-of-school
- To promote enactment of laws against early marriage.
- Specifically to introduce sexuality and Family Life Education (FLE) into schools

These are similar to the provisions made in the Nigerian National adolescent health policy of 1995 which seek to promote knowledge acquisition by adolescents, facilitate provision of information and services, train on life skills and to provide supportive

climate for policies and laws on adolescent health.

However, despite these policies there was no definite move to introduce CSE until some NGOs led by AHI developed guidelines on sexuality education in 1996 with assistance from SIECUS. A National advisory committee was formed from collaboration of officers of state governments, NGOs and professional organizations. Thereafter a National Task Force which included diverse representation of religious groups and geopolitical zones produced guidelines which formed the framework for the National curriculum-FLHE which was produced with Nigerian Educational Research and development Council and was adapted in Aug 2001. The curriculum is to give age appropriate CSE for Nigerian adolescents using thematic approach[8,18].

THEMES OF CSE (FLHE) CURRICULUM

Human development, personal skills, relationships, sexual behavior, sexual health and sexuality, society and culture [8,18].

1. Human development: Reproductive anatomy, physiology, body image, sexual identity etc
2. Personal skills: Values, self esteem, assertiveness, negotiation, decision making.
3. Sexual health: prevention of unwanted pregnancies, sex abuse and STIs
4. Relationships: Families, love, friendship, dating
5. Sexual behaviour: Sexuality throughout life, shared sexual behavior, abstinence.
6. Society and culture: sexuality and society, gender, religion, diversity

Implementation of the FLHE curriculum for comprehensive sex education in Nigeria has been difficult. Although different stakeholders from different parts of Nigeria contributed to the development, implementation has been haphazard. It has not been applied universally in the country. Few states like Lagos and Oyo have adopted and implemented it in private, public, and even for out-of-school adolescents after pilot programs[10,24]. This is probably because these states are richer and had strong support from NGOs like AHI and ARFH who were involved in the development of the guidelines. Lagos State commenced classroom teaching of the FLHE curriculum and the curriculum is used in 304 junior secondary schools. Current there is effort to have 100% coverage[24,25]. Oyo state had implemented the earlier population/ Family Life (POP/FLE) program so it was easy to introduce the CSE curriculum. Kano state has commenced pilot project with AHIP collaborating with the state government to introduce it to 50 secondary schools. Edo, River and Kebbi states have pilot schemes and funding is needed to scale up the program[26]. The remaining states lack funds for the program. The Ministry of Health however continues training of teachers and workshops to facilitate nationwide implementation.

CHALLENGES FACING FLHE PROGRAM

These efforts are haphazard because of Nigeria's huge population of adolescents and bureaucracy. Education is on the concurrent legislative list in Nigeria and although the federal government developed the national policy and program strategies, implementation is financed by the three tiers of government-Federal, State and Local governments. Poor funding has prevented universal application of the curriculum throughout Nigeria. Lack of 'political will' make it a low priority issue, hence the dependence on NGOs and donor funds. There are insufficient teaching aids, books and funding has prevented large scale training and re-training of teachers. The political will is low as politicians do not want to offend religious and community leaders, hence. There is a big gap between existing policy and implementation.

Another challenge faced by the program is the socio-cultural perceptions of Nigerians about sexuality and that the curriculum will encourage promiscuity. Traditionally, sexual issues are taboos, especially for the young who are expected to abstain until marriage. Sex education was part of 'initiations/maturity rights of passage' which ceased

with westernization and urbanization. Parents and family members who should give sex education feel embarrassed and may be ignorant of issues like contraceptives[7].

In spite of the involvement of some religious leaders in producing the curriculum, its implementation is opposed in some parts of the country. Some Muslims believe it is imposition of western values of female liberation and gender equality. They are also bothered that condom promotion and explicit description of sex in the curriculum may cause promiscuity[27]. Some Christians want emphasis placed on prevention of HIV, STIs through abstinence and not condoms. They wanted more linkage between CSE and religious studies and 'godly teachers' for the curriculum[27].

Another challenge was the methodology; timing, personnel and site of implementation of CSE. There is evidence that school based CSE is better integrated into existing subjects to save cost. It was integrated with Social studies and Integrated Science in junior secondary school[25]. Although CSE should start as early as possible, opponents resist the introduction into primary schools. Moreover, teachers complain that implementation will increase workload especially in the absence of incentives. Some teachers especially in rural areas feel ill-equipped and embarrassed to teach the curriculum[28]. In other places there is either lack of awareness of the curriculum or negative attitude to it[4].

There is a high drop-out rate of children from the school system and reaching out-of-school youths who are more vulnerable is difficult. They are likely to resort to risky sexual behaviour and drug use because of poverty or lack of parental control. Thus CSE can be delivered in the community using 'participatory learning action', peer educators and entertainment, which is inherently more expensive than the school based CSE[7].

CONCLUSION

There is a lot of evidence that CSE is a cost effective measure of addressing adolescent RH problems like unwanted pregnancies, STIs, HIV. Its benefits extend beyond the individual adolescent with positive body image are a pool of human resource for development. In spite of oppositions, SE is accepted in over 100 countries of the world including conservative countries like Yemen. Others like Sweden had some form of SE for over a hundred years and the benefit is seen in the nation's health and socio-economic indices. CSE has been proven to be effective in reducing unwanted pregnancies, delaying initiation to sex, increasing contraceptive use. It has not led to promiscuity-early sex or increased sex partners[11].

Nigeria haven taken a step in developing guidelines and CSE should move to the next laudable phase of universal implementation. This will ensure that adolescent attain maximum level of health. In order to ensure universal access of Nigerian adolescents to CSE, the following recommendations are made:

RECOMMENDATIONS

There is a need to carry out a study which will review all the sex education programs in the 36 states and FCT. In order to plan effectively, it is necessary to carry out a detailed study. There are currently many NGOs and international organizations involved in CSE in Nigeria. It is necessary to document all of these, their programs, their locations. This will avoid duplication of programs and use of different curricula. The information will be useful in ensuring that programs are not concentrated only in urban, big cities and states.

There is need to monitor and evaluate various programs implemented in states. Currently, Lagos and Oyo states had some form of evaluation. However, the entire CSE policy and program should be evaluated for effectiveness. Standard behavioral and biologic indicators should be applied nationwide like comparing prevalence of STIs among control and study groups, as behavioral outcomes are self reported and difficult to verify.

Furthermore, the national advisory committee on sexuality education will need to be reactivated or reconstituted with more multisectoral and FBO involvement. These should do ongoing revision of the curriculum in view of complaints generated about aspects of the curriculum. FLHE should be culturally sensitive and adaptable to different regions of Nigeria. Human capacity should be developed by introducing FLHE into the teacher's training curriculum. This will ensure that new teachers are equipped adequately. On-going training and workshops should be used to produce 'master trainers who would coordinate and train other teachers.

The federal government has to show greater political will and should ensure that states and local governments implement ARH programs. It should be mandatory and linked to other programs like the states' AIDS control programs. Government funding should be committed to CSE. Currently, the program is dependent on donor funds which are not sustainable. Improvement of funding is an evidence of political commitment.

There is need to use novel techniques like entertainment, TV, Radio programs in the local languages. This will ensure greater coverage and include out-of-school adolescents who are illiterates. The recently introduced 'Learning about Living (LAL)' e-program in Abuja should be scaled up. There is evidence that the internet is a good tool of teaching CSE[20]. All secondary schools should have computer laboratories that students can use to access CSE. Out-of-school youths should know of available hotlines and e-programs and can be reached through 'cyber-cafes' or mobile phones.

CSE can only achieve maximum benefits if linked to Adolescent Friendly RH service and counseling. The government as stipulated in the policy should ensure that adolescents can access health. In each Local government there should be AFRH service which can be linked to recreation. Funds for this can be raised in the community through public-private partnerships. International organizations and some NGOs may be willing to do this.

There is need for government to continue to promote CSE beyond the ABC approach; it should not succumb to external pressure to promote abstinence-only sex education which is ineffective. Rather the program should go beyond education in school setting, to ensure that life skills are imparted and youths become self-efficacious, this is the key to the national development.

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LIST OF ABBREVIATIONS

AFRH	Adolescent Friendly Reproductive Health
AGI	Alan Guttmacher Institute
AHI	Action Health Incorporated
AHIP	Adolescent Health Information Project
ARH	Adolescent Reproductive Health
CSE	Comprehensive Sex Education
FBO	Faith Based Organizations
FLE	Family Life Education
FLHE	Family Life and HIV Education
NGOs	Non Governmental Organizations
Pop/FLE	Population and Family Life Education
RH	Reproductive Health
SE	Sex Education
STI	Sexually Transmitted Infections